FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

15 200

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number: 3235-0076								
Expires: May 31, 2005								
Estimated avera	ge burden							
hours per respoi	nse16.00							

SEC U	SE ONLY
Prefix	Serial
DATE F	ECEIVED
1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Sale of Retriever Group, Inc. Class A Preferred Stock and Common Stock
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A PAGIC INCOMPATION DATA
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) 04037636
Retriever Group, inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
6100 Sears Tower, Chicago, IL 60606-6402 (312) 382-2200
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
20405 SH #249, Suite 700, Houston, TX 77070
Brief Description of Business
Holding company
Type of Business Organization
THE STATE OF THE S
business trust limited partnership, already formed limited partnership, to be formed
Month Year Tugs and
Actual or Estimated Date of Incorporation or Organization: OI 5 OI 4 X Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date of which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any change thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: .
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sale are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the following:	<u> </u>
• Each promoter of the issuer, if the issuer has been organized within the past five years;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of	the issu
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and	
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: X Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner	<u></u>
Full Name (Last name first, if individual)	
GTCR Fund VIII, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code) 6100 Sears Tower, Chicago, IL 60606-6402	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
GTCR Fund VIII/B, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
6100 Sears Tower, Chicago, IL 60606-6402	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Higgins, William H.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
20405 SH #249, Suite 700, Houston, TX 77070	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Natoli, Joseph M.	
Business or Residence Address (Number and Street, City, State, Zip Code) 20405 SH #249, Suite 700, Houston, TX 77070	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Oberman, James M.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
20405 SH #249, Suite 700, Houston, TX 77070	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Berryman, Allen	
Business or Residence Address (Number and Street, City, State, Zip Code) 20405 SH #249, Suite 700, Houston, TX 77070	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or Managing Partner	
ull Name (Last name first, if individual)	·
Levitt, Bernard	
Business or Residence Address (Number and Street, City, State, Zip Code)	
20405 SH #249, Suite 700, Houston, TX 77070	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

2A of 9 (continued on next page)

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2. Enter the information r	equested for the fol	lowing:			
 Each promoter of 	the issuer, if the iss	wer has been organized w	ithin the past five years;		
 Each beneficial ov 	vner having the pow	er to vote or dispose, or di	rect the vote or disposition	n of, 10% or more o	f a class of equity securities of the issu
 Each executive of 	ficer and director of	corporate issuers and of	corporate general and ma	snaging partners of	partnership issuers; and
Each general and	managing partner o	f partnership issuers,			
Check Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Turille, Eric					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
20405 SH #249,	Suite 700,	Houston, TX	77070		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Roche, Collin	Е				
Business or Residence Addre 6100 Sears Tow	•		•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	▼ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		**************************************		**************************************
Ragona, Christe	opher C.				
Business or Residence Addre	ss (Number and S	Street, City, State, Zip Co	de)		
6100 Sears Tow	er, Chicago	, IL 60606-640)2		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
the second second second					
Business or Residence Addre	ss (Number and S	street, City, State, Zip Co	dc)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Coo	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and S	treet, City, State, Zip Coo	ie)		
	(Use blan)	sheet, or copy and use a	dditional copies of this sl	neet as necessary)	

						V Charles	marinin marinin in a	([23] 5] 5] (9 (\$) 	100	and and a second of the second		Yes	N-
1. F	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											No ⊠	
	Answer also in Appendix, Column 2, if filing under ULOE.											_	
2. V	What is	the mini	num invest	ment that v	vill be acc	epted from	any indivi	dual?			••••••	. \$ <u>2.0</u>	00,000
												Yes	No
3. E	Does th	e offering	permit joir	nt ownersh	ip of a sing	gle unit?			*************	*************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X
i o a	ommis f a pers or state broke	sion or sing son to be li s, list the n or dealer	nilar remun sted is an as ame of the r, you may	eration for sociated pe broker or d set forth th	solicitation erson or ag caler. If m	of purchas ent of a bro ore than fiv	ers in conn ker or deal re (5) perso	ection with er registere ns to be lis	sales of se d with the ted are ass	curities in SEC and/o	lirectly, any the offering r with a state sons of sucl	:. E	·····
	Vanne (/ A	Last name	first, if inc	lividual)									
Busin	ess or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
						 	·····						
Name	of As:	sociated B	roker or De	ealer									
States	in Wi	ich Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
			s" or check	-									l States
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=	MT	NE	NV	NH)	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbf{w}}\overline{\mathbf{v}}$	WI	WY	PR
			<u> </u>										
ruli N	iame (Last name	first, if ind	ividuai)									
Busine	ess or	Residence	Address (Number an	d Street, C	ity, State,	Zip Code)						
					,								
Name	of Ass	ociated B	roker or De	aler									
States	in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					· , · · · · · · · · · · · · · · · · · ·	··
			s" or check										States
_	IL)	AK	AZ	AR	[CA]	CO	CT	DE]	DC	FL	[GA]	HI	
	IL AT	IN NE	IA NV	KS NH	KY NJ	LA) NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
==	RI]	SC	SD	TN	TX	UT	VT	VA)	WA	WV	WI	WY	PR
Full N	ame (i	ast name	first, if ind	ividual)									
Busine	ss or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)	~ 					
			`		,		• /						
Name	of Ass	ociated Br	oker or De	aler									
States	in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit I	urchasers		······································		·		
			or check						************			☐ All	States
ΓΔ	L	AK	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	[ID]
		IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	IT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK)	OR	PA
	បា	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	:			
	Type of Security		gregate ring Price	Am	ount Already Sold
	Debt	2		s	
	Equity		,000,000),866,853,41
		~	` ~	·	
	Convertible Securities (including warrants)	\$		s	
	Partnership Interests				
	Other (Specify)				
	Total	_			
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Nu Inv	mber estors	Dol	Aggregate lar Amount Purchases
	Accredited Investors		6	<u>\$ 14</u>	0 ,866,853. 4
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			~	:
.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
			pe of		lar Amount
	Type of Offering		urity		Sold
	Rule 505			\$	·
	Regulation A			\$	
	Rule 504			\$	-
	Total			\$	
ļ	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🛚	\$	
	Printing and Engraving Costs		🖸	\$	
	Legal Fees (Estimate)		🔲	\$ <u>200</u>	,000.00
	Accounting Fees			\$	
	Engineering Fees	•••••	🗆	\$	
	Sales Commissions (specify finders' fees separately)		🗀	s	
	Other Expenses (identify) Professional Services Fee		🗀	<u>\$2,70</u>	00,978.53
	Total			c 2 90	Y) 978 53

	and total expenses furnished in response to Part C—C	Question 4.a. This difference is the "adjusted gro-	ss	\$ 198,099,021.47
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate an the payments listed must equal the adjusted gros	d	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	***************************************	·[]\$	
	Purchase of real estate		. 🗆 \$	
	Purchase, rental or leasing and installation of mach and equipment		. 🗆 \$. 🗆 \$
	Construction or leasing of plant buildings and facil	lities	. [] \$. 🗆 \$
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	e of securities involved in this s or securities of another	198,099,	021.47 - S
	Repayment of indebtedness		\$	
	Working capital			
	Other (specify):		\$	
				\$
	Column Totals		\$	\$
	Total Payments Listed (column totals added)			98,099,021.47
		DATE OF THE PROPERTY OF THE		
sign	issuer has duly caused this notice to be signed by the u ature constitutes an undertaking by the issuer to furn- information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Commi	ssion, upon writte	le 505, the following n request of its staff,
Īssı	er (Print or Type)	Signantie Dernlew	Date July	9,2004
	ne of Signer (Print or Type) SERNARD LEVITI	Title of Signer (Print or Type) SENIOR VICE PR	LESIDE	NT

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

The Control of State States and the Control of States

1.	Is any party described in 17 CFR 230.262 provisions of such rule?	•	Yes	No X
	See	Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to 1 D (17 CFR 239.500) at such times as require	furnish to any state administrator of any state in which this notice is field by state law.	led a notic	ce on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written request, informati	on furnis	hed by the
4.	limited Offering Exemption (ULOE) of the st	suer is familiar with the conditions that must be satisfied to be enti- tate in which this notice is filed and understands that the issuer clain ung that these conditions have been satisfied.		
	ner has read this notification and knows the conte thorized person.	ents to be true and has duly caused this notice to be signed on its behali	f by the ur	ıdersigned
Issuer (Print or Type)	Signature Date JULY	9, 2	004
Name (Print or Type)	Title (Print or Type)		
B	BRNARD LEVITT	SENIOR VICE PRESIDEN	JT	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	<u>, </u>			andre in the second		40. 8038	in second and the sec			
State Yes No Accredited Investors Amount Non-Accredited Investors Amount Yes No AL Image: Control of the cont	1	Intend to non-a	to sell accredited as in State	Type of security and aggregate offering price offered in state		amount pu	f investor and urchased in State		Disqua under St (if yes, explan waiver	lification ate ULOE attach ation of granted)
AK	State	Yes	No		Accredited	Amount	Non-Accredited	1	Yes	No
AZ	AL									
AR CA CO	AK									
AR CA CO	AZ									
CO	AŘ				- ,					-
CCT	CA									
DE	со									
DC ID ID <td< td=""><td>СТ</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	СТ									
DC FL	DE									
FL GA	DC									
HI	FL									
II	GA									
IL X \$\frac{1288}{8} \frac{135}{321}, \frac{398.86}{398.86} \ 4 \$\frac{135}{321}, \frac{398.86}{398.86} \	н									
IN	ID									
IN	IL		Х	Class A Preferred & Common Stock \$135,321,398.86	4	\$135,321,3	98.86			х
KS	IN									
KS	IA									
KY LA ME MD MA MI MN	, KS									
ME	KY					,				
MD MA MI MN MO MN	LA								λ.	
MA MI MN	ME									
MI MN	MD									
MN	MA									
	МІ									
MS	MN									
	MS									

1	Intend to non-a investor	2 I to sell accredited as in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT						<u> </u>			
NE	. ,								
NV									
NH									
ИЛ									
NM									
NY	· .								
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TX		X	Class A Preferred & Common Stock \$5,545,454.54	2	5,545,454.	54			Х
UT									
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1		2	3		4				
	to non-a	to sell eccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR			·						